

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000021334

**Entity Name:** PHYSICIAN'S ACCOUNT MANAGER, INCORPORATED

**Current Principal Place of Business:**

1907 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1907 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3168901

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
1200 RIVERPLACE BOULEVARD  
SUITE 800  
JACKSONVILLE, FL 32207 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |                 |                          |
|-----------------|---------------------------|-----------------|--------------------------|
| Title           | DCEO                      | Title           | P                        |
| Name            | BARAKAT, BRIGITTE         | Name            | BARAKAT, HAISSAM         |
| Address         | 4000 ST JOHNS AVE STE 13A | Address         | 4000 ST JOHN AVE STE 13A |
| City-State-Zip: | JACKSONVILLE FL 32205     | City-State-Zip: | JACKSONVILLE FL 32205    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HAISSAM BARAKAT

**PRESIDENT**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date